



*Published by the
N.J. Dept. of Human Services,
Div. of Medical Assistance & Health Services
& the N.J. Dept. of Health & Senior Services
Div. of Consumer Support*

Newsletter

Volume 11 No. 20

March 2001

TO: Providers of Pharmaceutical Services - **For Action**
Physicians, Dentists, Podiatrists, Certified Nurse Practitioners/
Clinical Nurse Specialists, Optometrists, Independent Clinics, and
Health Maintenance Organizations - **For Information Only**

SUBJECT: Changes/Additions to PDUR Standards

EFFECTIVE: Claims with service dates on or after March 1, 2001

PURPOSE: This Newsletter is intended to notify providers of pharmaceutical services of revised Prospective Drug Utilization Review (PDUR) standards recommended by the State's Drug Utilization Review Board (NJDURB) and approved by the Commissioners of Human Services and Health and Senior Services.

BACKGROUND: The Division of Medical Assistance and Health Services (DMAHS) and the Department of Health and Senior Services (DHSS) through the State's Point-of-Sale (POS) claims processing system implemented a PDUR program designed to ensure the cost-effective delivery of quality pharmaceutical services. Currently, the program monitors duplicate and early refill claim payments, utilization of certain drugs based on State policy, sex and age categories, therapeutic duplication, severe drug-drug conflicts, and provides information to assist pharmacists with their patient consultation responsibilities. Pharmacists should refer to Newsletter, Volume 9, No. 67, dated November 1999, for information regarding the Medical Exception Process.

ACTION: Effective for claims with service dates on or after March 1, 2001, the following revised PDUR standards shall apply to Medicaid, Pharmaceutical Assistance to the Aged and Disabled (PAAD), Cystic Fibrosis (CF), and AIDS Drug Distribution Program (ADDP) pharmacy claims:

- (1) Coverage of RespiGam (respiratory syncytial virus immune globulin intravenous human RSV-IGIV), used in the treatment of the Respiratory Syncytial Virus (RSV) in infants, shall be limited to children under two years of age. When this age limit is exceeded, Error Codes 535 and 423 shall deny these claims requiring the pharmacist to contact First Health Services for prior authorization (PA).
- (2) Claims for multiple strengths of the same drug prescribed for the same beneficiary by the same physician shall be exempt from monitoring for therapeutic duplication or Error Code 405. When multiple strengths of the same drug are prescribed by different physicians, Error Codes 405 and 423 shall deny these claims requiring the pharmacist to contact First Health Services for PA. **It is important to note that this exemption is dependent on the accuracy of prescriber service numbers (PSNs) reported to the State on POS claims.**
- (3) Claims for warfarin and a barbiturate prescribed for the same beneficiary by the same physician shall be exempt from monitoring for severe drug-drug interactions or Error Codes 869 or 916. When Warfarin and a barbiturate are prescribed by different physicians, Error Codes 877 and 423 shall deny these claims requiring the pharmacist to contact First Health Services for PA. **It is important to note that this exemption is dependent on the accuracy of PSNs reported to the State on POS claims.**
- (4) The maximum daily dosage standard for Baycol (cerivastatin) shall be 0.8mg per day. This drug shall be denied by Error Codes 535 and 423 when this maximum daily dosage limit is exceeded by a claim requiring the pharmacist to contact First Health Services for PA.
- (5) Claims for niacin and an HMG-CoA Reductase Inhibitor prescribed for the same beneficiary shall be exempt from monitoring for therapeutic duplication or Error Code 405. This exemption shall exist for these drugs when prescribed by the same or different physician.

If you have any questions regarding this Newsletter, please contact the Chief, Pharmaceutical Consultant, DMAHS, at (609) 588-2724, or the First Health Services Customer Service at (877) 266-3589.

If you have any questions concerning PAAD, CF, or ADDP, please contact the PAAD Pharmacy Consultant at (609) 588-7034.

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